## **OCS Orientation**

## **Enrollment Application**

The information provided on this application will be used to determine a soldier's eligibility for enrollment in the OCS Program. Please print this document, complete all blocks, and forward it to: 2BNGS, 426 Regiment (LDR), 90 S. 10th Ave., Fort McCoy, WI 54656. All applications must be received on or before 10 February of each year.

**Personal Information:** 

Name:	Rank:	SSN:
Unit:	City:	State:
Major Command:		
HOR:		
Date of Birth:		
Physical Information:		
Last APFT date:	Score:	
Last Chapter 2 Physical date:		
(If more than two years old, please	e complete before OCS Orient	ation.)
Security Clearance Inform	ation:	
Is the soldier a U.S. citize  Does the soldier have a Secre		es / No
If no, has a SF 86 been filed w	•	
(If no, please initiate before OCS O		
Education Information:		
Has the soldier completed Ba	sic Training (BCT)? Yes	<sup>/</sup> No
Does the soldier have a bacca	alaureate degree (BA, BS	)? Yes / No
Semester hours recorded on	most recent college trans	script:
Is the soldier currently enrolled	d in college courses? Yes	s / No
Semester hours in which the s	soldier is currently enrolle	d?
Which tests has the soldier ta	ken? ACT SAT None Sco	ore
Submitted By:	Title	ə:
Phone:		